|   |                       |  |  |              |   | T  |        |             | <del></del> |                             |  |
|---|-----------------------|--|--|--------------|---|--|--------|-------------|-------------|-----------------------------|--|
| FORM <b>PTO-875</b> (REV. 11-77)            |                       | U.S. DE MENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  |              |   | 3/360/   |        |             | 10-21-81    |                             |  |
| PATENT APPLICATION FEE DETERMINATION RECORD |                       |  |  |              |   | APPLICANT (First Named Only)  Applicant of the state of t |        |             |             |                             |  |
| CLAIMS AS FILED - PART I                    |                       |  |  |              |   |  |        |             |             |                             |  |
|   | (1)<br>FOR            |  | (2)<br>NUMBER<br>FILED                 |              |   | (3)<br>Number<br>Filed   |        | (4)<br>Rate |             | (5)<br>BASIC FEE<br>\$65.00 |  |
|   | TOTAL<br>CLAIMS       |  | -10=                                   |              |   | 4 =  |        | × \$2.00    |             | 8.00                        |  |
|   | INDEPENDENT<br>CLAIMS |  | -1=                                    |              |   | -  |        | × \$10.00   |             |                             |  |
|   |                       |  |  |              |   | i i  |        | TOTAL FII   |             | 13.80                       |  |
| CLAIMS AS AMENDED - OART II                 |                       |  |  |              |   |  |        |             |             |                             |  |
|   | (1)                   | ./   | (2)                                    | (3)          |   | (4)  |        | (5)         | (6)         | (7)                         |  |
|   | nja i i               | RI   | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |              | P   | IGHEST NO.<br>ERVIOUSLY<br>PAID FOR  |        | RESENT      | RATE        | ADDITIONAL<br>FEE           |  |
| AMENDMENT                                   | TOTAL                 | *  | 12                                     | MINUS        | **  | 14   | =      |             | × \$2       | =                           |  |
| a   | INDEP.                | *  | 4                                      | พเทบร        |   | /  | =      | 3           | × \$10      | 30.00                       |  |
|   |                       |  |  |              | total additional fee for this amendment 30.00 |  |        |             |             |                             |  |
| AMENDMENT                                   | TOTAL                 | *  |  | MINUS        | **  |  | t      |             | × \$2       | =                           |  |
|   | INDEP.                | *  |  | MINUS        |   |  | =      |             | × \$10      | =                           |  |
|   |                       |  |  |              | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT       |  |        |             |             |                             |  |
| AMENDMENT                                   | TOTAL:                | *  |  | MINUS        | **  |  | =      |             | × \$2       | 55.                         |  |
|   | INDEP.                | *  |  | MINUS        |   |  | =      |             | × \$ 10     | =                           |  |
|   |                       |  |  |              | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT       |  |        |             |             |                             |  |
| AMENDMENT                                   | TOTAL                 | *  |  | MINUS        | **  |  | =      |             | × \$2       | =                           |  |
|   | INDEP.                | *  |  | MINUS        | **  |  | =      |             | × \$10      | =                           |  |
|   |                       |  |  |              |   | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  |        |             |             |                             |  |
| If the ent                                  | rv in Column          | 2 is le  | ss than the en                         | try in Colum |   | rite ''0'' in Co   | lump 5 |             |             |                             |  |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 10, write "10" in this space.

The ''Highest Number Previously Paid For'' (''Total'' or ''Indep.'') is the highest number found in the appropriate box in Column 2.